

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:
02-005

2. STATE
IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
04/01/2002

5. TYPE OF PLAN MATERIAL (Check One):

JUN - 7 2002

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42CFR 440.100
42CFR 440.120.b.

7. FEDERAL BUDGET IMPACT:
a. FFY 2002 - \$ 349,762.00 (FFP savings)
b. FFY 2003 - \$ 4,970,000.00 (FFP savings)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1.A, #10 and #12.b.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1.A, #10 and #12.b.
(P&I)

10. SUBJECT OF AMENDMENT:

#10 - Dental services for adults over 21 years will be limited to emergency services only.

#12.b. - Dentures are not covered for adults over 21 years of age.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
KARL B. KURTZ

14. TITLE:
Director

15. DATE SUBMITTED:

16. RETURN TO:

Joseph R. Brunson, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUN - 7 2002

18. DATE APPROVED:

AUG 27

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4-1-02

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bunnee Butterfield

22. TITLE:

Acting Associate Regional Admin.
Division of Medicaid & State Operations

23. REMARKS:

P&I changes authorized by the state on 6/26/02 & 8/16/02.

6/5/02 BOISE
(DATE)

State IdahoAttachment 3.1A Program Description

9. d. (v) The medical necessity for diabetic education and training are evidenced by the following:
- (a) a recent diagnosis of diabetes within ninety (90) days or enrollment with no history of prior diabetic education; or,
 - (b) uncontrolled diabetes manifested by two or more fasting blood sugar of greater than one hundred forty milligrams per decaliter (140 mg/dL), hemoglobin greater than eight percent (8%), or random blood sugar greater than one hundred eighty milligrams per decaliter (180 mg/dL), in addition to manifestations, or
 - (c) recent manifestations resulting from poor diabetes control including neuropathy, retinopathy, recurrent hypoglycemia, repeated infections, or non-healing wounds.
- (vi) Diabetes education and training services will be limited to twenty-four (24) hours of group sessions and twelve (12) hours of individual counseling every five (5) calendar years.

10. Dental Services:

Dental services for children through the month of their twenty-first (21st) birthday include diagnostic, preventative, restorative treatment, endodontics, periodontics, fixed and removable prosthodontics, maxillofacial prosthetics, oral surgery, orthodontics and adjunctive general services, and are purchased when provided by a licensed dentist or denturist as described in Rules Governing Medical Assistance section 03.9125. Specific services covered for children are stated in Rules Governing Medical Assistance 16.03.09 sections 900 through 913.

Dental services for non-pregnant adults after the month of their twenty-first (21st) birthday include only the emergency dental services which are stated in the Rules Governing Medical Assistance 16.03.09 section 915. Dental services considered to be an emergency are those services provided because of a patient's dental conditions, which, after applying the prevailing dental standards of judgement and practice within the community, require immediate dental intervention.

Dental services for pregnant women who are past the month of their twenty-first (21st) birthday include the emergency dental services as stated in Rules Governing Medical Assistance 16.03.09 section 915 and in addition, the services which are stated in the Rules Governing Medical Assistance 16.03.09 section 914, whether the services are of an emergency or non-emergency nature.

Dental Services Limitations: All covered dental services, limitations on specific services, excluded services, billing codes and payment policies are stated in the Rules Governing Medical Assistance 16.03.09 sections 900 through 916. A dental consultant will review requests for prior authorization, with accompanying documentation, to determine approval or denial. Procedures not recognized by the American Dental Association are not covered.

TN# 02-005
 Approval Date 8-27-02
 Supersedes TN# 01-011
 Effective Date 4-1-02

Attachment 3.1A Program Description12. Prescribed drugs and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist:b. Dentures:

For specific coverage information see Rules Governing Medical Assistance 16.03.09 section ~~913~~ 912 through 913. (P+D)

c. Prosthetic Devices:

The Department will purchase and/or repair medically necessary prosthetic and orthotic devices and related services which artificially replace a missing portion of the body or support a weak or deformed portion of the body. Hearing aids and related services will be covered by the Department.

Limitations: Prosthetic and orthotic devices and services will be purchased only if prescribed by a physician and pre-authorized by the Department. All prosthetic and orthotic devices (excluding hearing aids) that require fitting shall be provided by an individual who is certified or registered by the American board for Certification in orthotics and/or prosthetics.

The Department will purchase one (1) hearing aid per recipient with prior approval of the Department. Follow up services are included in the purchase of the hearing aid for the first year. Necessary repairs resulting from normal use after the second year will be covered. Hearing aid batteries will be purchased on a monthly basis. Refitting of hearing aid or additional ear molds will be purchased no more often than forty-eight (48) months from the last fitting.

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